



State of Maine
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BOARD OF LICENSURE OF WATER SYSTEM OPERATORS

11 State House Station
Augusta, Maine 04333-0011

TEL: (207) 287-5699 FAX: (207) 287-4172 TTY: (800) 606-0215
WEBSITE: www.medwp.com Water Operator Board section

**Application for
Licensure of Water Treatment and Distribution System Operators**

Instructions - Please read carefully before completing this application.

- 1) Applications for examination must be postmarked no later than the deadline set by the Board (approximately 45 days prior to the examination date). Applications postmarked after that time will be returned.
 - a) Applicants who have taken an exam in the previous year may apply to take the same exam by submitting page 2 of the application with appropriate fees by the postmark deadline.
- 2) Refer to the Rules Relating to the Licensure of Water System Operators (Rules) for general information and specific requirements for each classification level. Copies of the Rules can be found at www.medwp.com
- 3) Show all dates as month and year (example 10/07).
- 4) Additional information may be submitted on 8 ½ x 11 paper.
- 5) Please be sure that your application is **notarized** and that the fee is enclosed before submitting it. **A non-refundable fee of \$70.00 for each examination requested must accompany each application.** *Make checks or money orders payable to: Treasurer, State of Maine.* Operators working in systems serving fewer than 3,300 people may be granted a fee waiver for up to 3 examinations. This program expires in October 2008.
- 6) **LICENSE OPTIONS:** Licenses have two disciplines, Treatment and Distribution. A Very Small Water System license includes both disciplines. Operator-in-Training (OIT) licenses are available at all levels and disciplines for applicants with less than the required experience. Applicants for standard licensure must meet experience requirements. Review of experience will determine status. Licenses may be acquired through examination or reciprocity.
- 7) **EXAM OPTIONS:** The total time allowance for multiple exams in one day is 5 hours.
 - a) Sequential option- each level of exam must be successfully passed to achieve the next level of license. Multiple levels may be taken in the same exam cycle.
 - b) Direct Entry option has 100 questions for the level of exam plus additional questions from each lower level exam. It is not necessary to have passed a lower level exam to sit for a higher level with the direct entry option.

Examination type	Number of questions			Experience required – See Rules referred to in #2 Operator –in-Training available for all levels, no minimum experience requirement.
	Sequential	Direct Entry	Time allowed	
Very Small Water System	50	Not applicable	3 hours	Six months
Class I	100	Not applicable	3 hours	1 year
Class II	100	120	3 / 3.5 hours	2 years
Class III	100	150	3 / 4.5 hours	3 years
Class IV	100	180	3 / 5 hours	4 years

To complete form: 1. Select Level of licensure 2. Select discipline Treatment, Distribution or both. 3. Select sequential or Direct Entry Option

- 8) **RECIPROCITY:** Any applicant holding a valid license or certificate in another state or country may apply for “Reciprocity” and may be issued a Maine license in a comparable classification without examination. Education and experience requirements must meet Maine requirements. Reciprocity is granted on an individual basis. The fee for Reciprocity is \$70.
- 9) **EDUCATION:** A minimum of a high school diploma or GED is required. For additional education credit beyond high school, show all education related to water treatment, distribution and related fields. If no degree or certificate was issued, attach transcripts of courses completed. For Grandfathered operators without a diploma or equivalent please attach and *Application for Exemption to the Requirement for High School Diploma or Equivalent*.
- 10) **EXPERIENCE:** List most recent employment first. Be sure to describe exactly what your duties and responsibilities were in each position.

Complete all requested information completely and neatly. Incomplete or illegible forms will be returned.

Date of Application _____

I _____ do hereby apply for licensure as a Water System
(Print Name in full - as to appear on license) Operator in the State of Maine under 90 - 429 CMR 1.

Mailing Address:		(Street)	(City/Town)	(State)	(Zip)
Telephone:		Social Security Number:			
Name of Public Water System(s) Employed by:				Business Telephone:	
Business Mailing Address:		(Street)	(City/Town)	(State)	(Zip)
Address for sending License and notices: <input type="checkbox"/> Home <input type="checkbox"/> Business					
Are you currently licensed as a water operator in Maine? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes: License (Operator ID) No. _____ Classification _____ Expiration Date: _____					

Please choose examination options below. Refer to the instructions on page 1 for option descriptions					
Please check all appropriate boxes. VSWS requires 2 checks Classes require 3 checks					
Level of license		License Discipline		Examination Type	
Check for each exam requested.		Treatment	Distribution	Sequential	Direct Entry
Class I	<input type="checkbox"/>				
Class II	<input type="checkbox"/>				
Class III	<input type="checkbox"/>				
Class IV	<input type="checkbox"/>				
Very Small Water System	<input type="checkbox"/>				

Cost: Number of Exams _____ x \$70.00 each = _____ Check here if eligible for fee waiver. ☐

(Fee waived for eligible operators. See Instructions on page 1)

Examination date and location requested: _____

For Board Use Only	Standard Lic.	OIT Lic
Payment Received:	Check #	Date

Experience

List most recent employment first. List qualifying experience only

Name & Address of Employer	Dates Employed		Job Title and Duties <i>(please detail duties as related to water system operation):</i>
	From	To	

I understand that the truth and correctness of my statements in this application are material to the issuance of the license for which I am applying. I also understand that any willful falsification of this document, if later discovered, could lead to revocation of the license.

(Signature of Applicant)

This form must be notarized before submission.

Subscribed and sworn before me, this _____ day of _____

(Notary Public, Justice of the Peace) My Commission Expires:_____